



PROGRESS NOTES

Patient Intravenous Documentation Flow Sheet

Date: _____

Patient Name: _____

*****Affix label for Immune Globulin bottles here*****
(If not available write lot #s & expiration date for each bottle)

*****Vital Signs @ 15min x 1 hour, then every hour until completion*****

Time	RATE ML/HR	B/P	PULSE	RESP.	COMMENTS (problems/tolerance during infusion)

Comments/Patient response to treatment:

RN Signature _____ **Date** _____